

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003574

1. Entity Name

COMMUNITY CHURCH OF WEST PALM BEACH, INC.

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90092 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

431 W. 30TH STREET  
RIVERA BEACH FL 33404  
US

12560 TIMBER PINE TRAIL  
WELLINGTON FL 33414  
US

2. Principal Place of Business

3. Mailing Address

2111 Broadway  
Suite, Apt. #, etc.

431 W 30th St  
Suite, Apt. #, etc.  
Riviera Beach

City & State

City & State

Riviera Beach Fla

Fla.

Zip

Country

Zip

Country

33404

P.B. county

33404

Palm B. County

6. Name and Address of Current Registered Agent

4. FEI Number

65-0434527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME SLAYMAN, GLEN  
STREET ADDRESS 12560 TIMBER PINE TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL 33414

☐ Delete

TITLE STT  
NAME REGIS, ANTOINE REV.  
STREET ADDRESS 431 W. 30TH STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

☐ Delete

TITLE T  
NAME REGIS, MARY  
STREET ADDRESS 431 W. 30TH STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REGIS, ANTOINE REV.

03-13-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)